CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5218

FORM C/OH

CAMPAIG	IN FINANC	JE REPORT	5218	COVER	SHEET PG 1
The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)					filed:
3 CANDIDATE/ OFFICEHOLDER NAME	ms	DOLDES	МІ	OFFIC	E USE ONLY
	NICKNAME	DRTEGA CA	SUF KIFK	FIX Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CI	_	CODE	7 PH
Change of Address		BOX 1718	·-	Date Hand-deliver	ed or Date Postrgarked
CAMPAIGN TREASURER NAME	Ms	Dojons	мі ` >	Receipt #	Amount
	NICKNAME ON	ETEGA IA	SUFF PLTEL	Date Imaged	
G CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO		ede Aus		78727
CAMPAIGN TREASURER PHONE	AREA CODE (5/2)	PHONE NUMBER 780	EXTENSION		
REPORT TYPE	January 15 July 15	30th day before election	Runoff Exceeded \$500 fir	appointment (campaign freasurer officeholder only)
PERIOD COVERED	Month Day 07/01/0	Year THROUG	Month 69 / a	Day Year 26 02	
D ELECTION	Month Day	Year	Runoff	General	Special
OFFICE	OFFICE HELD (if any)	REPSURTE	12 OFFICE SOUGHT		200
NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	 Direct campaign expe 	enditures are campaign expendi to disclose this information only	flures made by others without t	TREASUK the candidate's prior consent the direct campaign expendit	
INDIVIDUALS	Address / PO Box. Apt. /	Suite #: City, State, Zip	Code		
additional pages		Suy. State, Lip	00.0		
<u> </u>		GO TO PA	AGE 2		
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CANDIDATE / OFFICEHOLDER REPORT:

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SUPPORT	Cover Sheet pg 2				
14 C/OH NAME	DLAPES B	RIEBA CARTER	15 ACCOUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)				
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL F	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$		
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	\$			
19 AFFIDAVIT		I swear, or affirm, under penalty of per is true and correct and includes all info	rjury, that the accompanying report		
MY CO	ONDA AMBROSE MMISSION EXPIRES Ibruary 18, 2006	me under Title 15, Election Code. Oblive Signature of Candide	de or Officeholder		
AFFIX NOTARY STAMP	/ SEAL ABOVE				
Sworn to and subscribe of OCTOBEC, 20	^^	ne said Dolores Ortega Carter fy which, witness my hand and seal of office.	this the day		
Royal On Gignature of Officer adm	brose	Rhonda Ambrose Printed name of officer administering oath Title of	ary Public of officer auministering oath		